H.I.V. Testing For Newborns Debated Anew

By DEBORAH SONTAG

New York hospitals quietly began the open mandatory testing of newborns for H.I.V. this month in the first such program in the nation. And, in maternity wards and nurseries across the state, as they drew blood from babies and counseled new mothers, doctors, nurses and social workers continued to wrangle over the value of such testing with the undiluted passion that has inflamed the political debate for years.

Technically, the state, which for several years has conducted anonymous — blind — H.I.V. testing of newborns for statistical purposes, will now simply "unblind" the results. Ten months ago, New York hospitals began asking mothers for their consent to be notified of the test results. On Feb. 1, hospitals eliminated the consent forms and agreed, often begrudgingly, to the mandatory disclosure of test results — which means tracking down and counseling the mothers weeks after they leave the hospital.

The issue of consent has been a thorny one, since the test on the baby reveals not the newborn's but the mother's H.I.V. status, through the presence or absence of her antibodies in the baby's blood. Only a quarter of the babies exposed to H.I.V. in the womb become infected, and the virus, which causes AIDS, cannot yet be detected at birth.

But consent has not been the only

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issue. Most health care professionals believe in prenatal testing since treatment of the mother can prevent transmission of the virus.

So, although the test is a simple prick of a baby's heel, it has provoked a furious controversy in New York and across the country, often posing unnatural antagonisms between advocates for mothers and those for children, between obstetricians and pediatricians.

"Certainly, this is a very charged issue and an extraordinary undertaking, politically and as a public health program," Dr. Barbara DeBuono, the State Health Commissioner, said. "It is being watched very closely by other states and by the C.D.C. to see if it has any significant impact."

To Some Parents, Test Comes as a Big Surprise

So far, the reality of carrying out the new law has been far more mundane than the debate swirling around it. After working frantically to devise elaborate plans to cope with the new law, hospitals were forced to slow down and wait. It will be several weeks until the first test results are in, so the principal new task has been informing mothers the test is being conducted. While public health law requires informed consent for all medical tests, the Legislature, in passing the new law last summer, has specifically exempted women immediately after childbirth.

Of 10 hospitals queried, so far none have had patients who balked at the testing.

At New York Hospital-Cornell Medical Center, counselors have tried to make it clear that it is the woman who is being tested when the baby's heel is pricked, said Dr. Margaret Polaneczky, who directs the hospital's maternal-pediatric H.I.V. counseling and testing program and oversees the law's implementation there. "It gets very touchy because there are issues between couples," she said. "We have to kick dad out of the room so we can have a frank conversation with mom about her sexual behavior."

But many hospitals have chosen simply to alert mothers to the new test through a form letter or a quick comment.

Some new parents, particularly patients of private obstetricians, have been confused and taken aback. When Steven Cohen, a Federal prosecutor, learned that his 2-day-old son Ethan was to be tested for H.I.V. before being discharged from Beth Israel Hospital, he was puzzled.

"It's not like he has had time to do drugs or have sex yet," he said.

No one at the hospital had explained the concept of the perinatal transmission of infection, or that the test would reflect his wife's H.I.V. status. Mr. Cohen said their obstetrician had not mentioned H.I.V., which is not uncommon for doctors in private practices since their patients, whose risk of infection is low, are nonetheless often more resistant than poorer women to being tested.

On Bellevue Hospital Center's maternity ward, the new mothers were far more savvy. Five of five new mothers interviewed Friday evening had taken prenatal H.I.V. tests at

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formance rating as a result of complaining.

The analysis showed entrenched and systemic harassment in the other services, too. But Army women had the lowest expectations that the leadership would intervene.

Army women also reported the smallest decline in abuse.

The Accusers

Two Careers End In Abuse Claims

Stephanie Calender, 41, who spent a long career on active duty and in the reserves and the Michigan National Guard, said her last skirmish had happened in the guard, where she was a full-time technician and a specialist fourth class.

One day four years ago, she said, she was standing in a formation in the at-ease position, with her hands clasped behind her.

"The sergeant behind me pulled my hands onto his crotch area," she said. "He was very drunk. I walked out of the formation very quickly because he was coming after me. The platoon officer, a second lieutenant, ordered me back. They were all laughing."

Incensed, Ms. Calender went to her commanding officer, a woman. "She told me to drop it," Ms. Calender said. The top command in Lansing "'will retaliate against you,'" Ms. Calender quoted the officer as saying. Ms. Calender has quit the guard and moved to California.

Jessica Bleckley, 18, is solidly built, 5 feet 3 inches tall and 134 pounds, with a firm jaw, dark blond hair and blue eyes. She joined the Army straight out of high school in Belton, S.C., and did basic training at Fort Leonard Wood. She was sent to Aberdeen last spring and assigned to Charlie Company in the 143d Ordnance Battalion.

In interviews here before she was granted an honorable discharge at the end of January, Ms. Bleckley said that on or about May 18, a drill sergeant in her company, Nathaneal Beach, had been spending the night in the barracks.

"My roommate was asleep," she said. "He said I had to go down to his office." She said Sergeant Beach had induced her to have illegal sexual intercourse in his office — not actual rape, she said, but she said she had thought she had to acquiesce. It is against military rules for superior officers to fraternize with their charges.

After a month, she found someone in whom she could confide — Staff Sgt. Ophelia Webb, one of the school's seven women among 39 drill sergeants. Sergeant Webb helped drive the complaint up the chain of command.

Then one day, Ms. Bleckley was sent to Alpha Company to copy some papers and ran into Sergeant Simpson. She said he had ordered her into an office latrine and had told her to have sex with him on the floor. "When he got through," she said, "he was like: 'Get out. Don't get in my face.'"

The harassment took a twist in November, after the Army reported the first allegations of abuses at Aberdeen and Ms. Bleckley was the only accuser to come forward publicly.

"Most people don't talk to me," she said. "They can't believe I said something because it draws negative attention to the Army. They say I asked for it. I wanted it. I didn't say no."

In classes on subjects like stress management and family abuse, she said, the discussion always turned to her. "We could be talking about inflation," she said. "But every meeting we have turns into a conversation about me." In one class, she said, someone asked, "'How many of you joined the Army to talk to Diane Sawyer?' I have it."

On Jan. 24, Ms. Bleckley was taken to Walter Reed Army Medical Center in Washington, after what she describes as a suicide attempt. She was granted an honorable discharge.

The Accused

A Training Officer Awaits Trial

Sgt. Delmar G. Simpson, 31, sits in the Marine Corps jail in Quantico, Va., awaiting a court-martial starting April 8. He grew up in Richburg, S.C., the fourth of five children brought up by his mother, Edna Simpson, after her husband's death, when Sergeant Simpson was 7.

Townspeople describe a tall, thin, well-mannered youth and a hard-striving student and athlete.

Douglas Harrison, his science teacher and basketball coach, said, "He didn't have a whole lot of ability, but he worked hard."

Mrs. Simpson, 60, a retired cook, said her son was disciplined and neither smoked nor drank. She is bringing up a son of Sergeant Simpson's who is 14. He also has a daughter in Texas, friends say, and is married to a woman who lives in Virginia.

Mrs. Simpson said she was confident about his innocence. In a recent telephone chat with her son, she said, "He said he didn't do it, and he ain't worrying about it."

Sergeant Simpson spent six years at Fort Hood in Texas before going to Fort Jackson for drill-instructor training and then, in January 1995, to Aberdeen. At Fort Hood, "he always stayed sharp," said Staff Sgt. Randolph Stevens. Of the sexual abuse allegations, he said, "I never saw any evidence of anything like that here."

But in Aberdeen, post officials say Sergeant Simpson was reprimanded and transferred from one company to another after poking and berating a woman in training. Now he faces a long list of charges.

Of 26 women who have submitted formal allegations against Sergeant Simpson, 10 allege rape. One accuses him of "grabbing the hair on the back of her head and jerking her head back" and of threatening to "knock your teeth out." Among other charges are larceny — the theft of one recruit's gold necklace and another's watch.

Sergeant Simpson declined to be interviewed. His Army lawyer, Capt. Edward W. Brady, suggested that the accusations were false or overdrawn. "When the facts and the evidence are presented in a court of law and not the court of public opinion," he said, "they will speak for themselves."

Whatever the outcome for Sergeant Simpson, it will be some time before the Aberdeen Proving Ground can settle down.

"There's a high probability," said Lieut. Col. Gabriel Riesco, the school's chief of staff. "there will be

clinics; all five said they tested negative, and so were unconcerned about the babies' tests. Still, they said they believed in mandatory testing.

"I think the testing is very, very important because the baby's health is more important than the mother's feelings," said Mabel Buritica, 25, as she cradled day-old Jennifer, inhaling her sweet smell. "Maybe the mother thinks she has no need to worry, but even if she knows about herself, she can never know exactly what her man has been up to."

Statewide, some 1,100 women who were H.I.V.-positive gave birth in New York State during the first 10 months of last year. That number has steadily declined since 1990, which health officials attribute to public education campaigns.

Money and Extra Work Are Issues in Hospitals

Judging by State Health Department statistics, most hospitals will deal with very small numbers of H.I.V.-positive mothers, probably no more than four a month at the largest public hospitals in New York City. And most will know they are H.I.V.-positive by the time they give birth. This law then intends to enhance the quality of healthy life for those few babies, probably not more than 25 statewide in a year, whose infections may not have been discovered without mandatory testing.

"If we identify these kids early, then we can offer them treatment that might dramatically alter the course of their life," said Dr. William Borkowski, the director of pediatric infectious diseases at N.Y.U. Medical Center/Bellevue Hospital Center.

No one in the health care community argues that children with the virus should not be found and treated, or that their mothers should remain ignorant of their own conditions. But many believe that the law is misguided.

"All of us in the medical profession would like to see women tested, but think it should be done in the prenatal setting," said Dr. Polaneczky of New York Hospital. "If you're going to mandate that all women be tested without their permission, then at least do it when you can make a difference. Postpartum is too late."

H.I.V.-infected women treated with AZT prenatally and during delivery drastically reduce the likelihood that their babies will be infected — from 23 percent without AZT to about 8 percent with it. A baby treated after birth has a longer, healthier life but a life defined by the virus.

Dr. DeBuono said she hoped that the new law would "motivate the health care community to improve their rate of prenatal counseling and testing." And many doctors said it probably would.

In the meantime, though, many hospitals believe the new law will be cumbersome and costly to do — a notion that Dr. DeBuono pooh-poohs as another example of New York health care providers expecting full reimbursement for everything. As the new law was taking effect, though, many hospitals worried about money, extra work and sensitive logistical questions relating to the confidentiality requirements of dealing with AIDS.

"People are going crazy, not just with the larger issues but with the logistical ones," said Sheri Saltzberg, director of the Pediatric Aids Network, based in Kings County Hospital Center. "I just got off the phone with someone screaming for forms, and someone else screaming about not having enough counselors. Here at Kings County, we had a raging debate last Friday about whether the pediatricians should be responsible for this testing, since that means leaving the nursery floor and going to the maternity floor. And with the cuts in personnel, residents are very resistant to tracking down the mother."

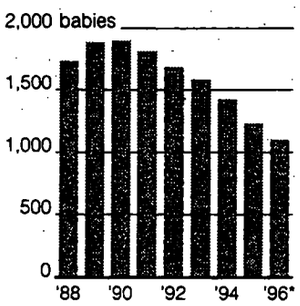
Since hospitals receive test results from two to six weeks after the baby's birth, tracking down mothers and children after they leave the hospital is a greater concern. Time is of the essence; breastfeeding greatly increases the chance that H.I.V.-positive mothers will pass the virus to their babies. Last summer, after the state began disclosing H.I.V. results to women who requested them, hospitals began developing systems for tracking them down.

"It just takes time, because we often have an incorrect address or phone number, or the child is in foster care, or the mother doesn't really have a home," said Dr. Ian R. Holzman, the chief of newborn medicine at Mount Sinai Medical Center in Manhattan. "But we use birth certificate information, or Medicaid information, or look in shelters and so on. Still, it's not like Kansas where we can send out the sheriff, so we don't always find someone."

AT ISSUE

Fewer Newborns H.I.V.-Positive

H.I.V. tests performed on newborns at birth reveal the mother's H.I.V. status indirectly by showing whether antibodies are present. The H.I.V. status of newborns is undetectable, but those born to H.I.V.-positive mothers have a 1 in 4 chance of becoming infected. The number of babies testing H.I.V.-positive has been declining:



*Estimate based on first 10 months of data.

Source: New York State Department of Health

The New York Times

For Many Women, A Deeply Personal Issue

At the Einstein-Weiler Hospital in the Bronx, a division of Montefiore Medical Center, one-third of the H.I.V.-positive mothers are never found, said Dr. Carlos Vega-Rich, the director of newborn services.

And once a woman is located, she must be persuaded to return to the hospital to get the results. "After they've spent three weeks with their babies at home, they don't want to hear that there's a problem," Dr. Vega-Rich said. "And we have to be vague: We can't mention H.I.V. over the phone, because you need to give the news in a confidential setting."

The new law poses peculiar predicaments for hospitals and doctors. Many hospitals, for instance, computerize all test results for newborns, but given the stringent confidentiality rules, H.I.V. information is not supposed to be available at the click of a mouse. Also, it requires results to be sent to the newborns' pediatricians, yet many new mothers have yet to select their pediatricians.

Before the mandatory disclosure began this month, the state had already required hospitals to ask women whether they wanted to know the test results. The overwhelming majority of mothers — about 93 percent, according to the Health Department — did agree to notification. Some doctors wonder then, whether it was necessary to mandate disclosure.

"I want voluntary programs that strongly encourage women, because in them there are very high acceptance rates for testing," said Laurie Solomon, director of ambulatory obstetrics and gynecology for Bronx Lebanon Hospital Center. "Then women can decide when they are ready to deal with their fears and come forward."

A state analysis of the newborn testing program during a three-month period last year found that only 13 of 269 H.I.V.-positive mothers declined notification of their results.

And 32 more H.I.V.-positive mothers were not offered a chance to learn their test results. Some hospitals were slow to comply with the regulations that asked women's consent to learn the results. In Manhattan, St. Vincent's Hospital, in particular, failed to give at least one-fourth of new mothers the chance to learn their H.I.V. status through the newborn testing, according to state officials. A spokeswoman for St. Vincent's, however, said in a phone message that the hospital was "in full compliance."

To many women, the law does not present a daunting public health issue but a deeply personal one. Waiting for a friend to be discharged from the maternity ward at The Long Island College Hospital in Brooklyn, Alma Velez sat rubbing her belly on Friday morning.

She is a week away from delivery, with two young children in school. She has never submitted to an H.I.V. test, although it was advised by a doctor at her health clinic. And, at first, she was quite upset when she learned that her new baby would be tested, and that the test would reveal if she had the virus.

"They have no right at all, and I'll sue them if they try it," she said belligerently. Within minutes, though, her face crumpled.

"I've always been too scared to do the test, but I always wondered," she said. "I had this boyfriend who was into the drugs, and his habits wasn't too cleanly. I was healthy, and my kids was healthy, but I always still wondered. It would be a relief to know, actually. And if I have to face the music, I guess I will. The thought of an innocent baby getting it — ay, Dios mio."

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New in Cambodia: Justice Without Torture

By SETH MYDANS

TA KHMAU, Cambodia, Feb. 9 — When he was a police officer here in Kandal Province, criminal investigations were straightforward. "We beat the suspects," Ouk Vandath said.

"If we wanted to get water from that glass over there," he added by way of illustration, pointing to a nearby table, "we beat it until it gave us water."

Without equipment, without training, without an education in legal procedures or human rights, the police force is the first point of contact in a primitive judicial process — from arrests to trials to prisons — that has operated for years with few rules or resources.

Like so much in this broken and struggling country, the justice system is only beginning to recover from the mass killings of lawyers, doctors, teachers, monks and other educated people and the destruction of Government institutions, including the courts, carried out by the radical Communist Khmer Rouge from 1975 to 1979.

They were among at least hundreds of thousands and possibly as many as two million people who died during the Khmer Rouge years. When the United Nations helped to set up a democratic Government here in 1993, there were only about five lawyers left in this country of seven million.

With the help of several international organizations, Cambodia is now beginning to develop a small corps of lawyers and judges, to train its police officers in proper procedures and to revive the rudiments of a working legal system.

The task that the nation faces is an increasingly common one in the emerging democracies of Asia, Africa and Latin America, where putting the rule of law into operation is a fundamental challenge.

"They had to start a legal system literally from scratch," said Francis J. James, an American lawyer who helped to found a local nonprofit group called Legal Aid of Cambodia. "No more beating, no more cigarette burns, no more hitting with a rifle butt. You could clear out the prisons today if you reviewed the cases on the basis of procedural error.

"When I came here in 1994, the courthouses were in ruins. Some still had bullet holes, and birds were flying in and out of the buildings. In the prisons there were people who had been completely

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forgotten. Nobody knew why they were there or whether they had already completed their sentences."

A year ago, Mr. Ouk Vandath, who had become increasingly uneasy about the beatings by his fellow officers, began a new career as one of a small corps of barefoot public defenders working in the innovative Kandal Provincial Court, where prisoners are now assured of receiving a basic defense.

He has enrolled in Cambodia's newly revived law school, which will graduate its first class of 170 students later this year.

Mr. Ouk Vandath was trained for his public defender's role by Karen Tse, 32, a lawyer from Los Angeles. She works as one of five expatriate "judicial mentors" in several provinces in a program run by the United Nations Center for Human Rights that trains lawyers, judges, prosecutors and police officers.

"We look for areas where there are gaps," Ms. Tse said, "and we tailor our training to fit the needs. For example, there are some defenses that are basic in law: self-defense, duress, necessity. It's like a little light goes on and they come and ask us: is this a self-defense case?"

Progress here has been measured

Foreigners teach Cambodians about rights of suspects.

in small steps: first, a bulletin board where court dates are posted for the public, then file cabinets for keeping court records, then permission for public defenders to attend the questioning of defendants and now, occasionally, the guilty looks that Ms. Tse observes from police officers when they deliver a defendant bearing the signs of a beating.

In one significant step, she persuaded the Chief Prosecutor, Chheng Phath, to send arresting officers out of his office when he conducted his initial interviews with defendants.

"The police would give the defendant the evil eye and intimidate him to give me certain answers," Mr. Chheng Phath said. "In the past the police arrested, the police detained, the police convicted. Some of them are angry about the changes. But I tell them we have to change. Other countries are going to the moon, b[illegible] we still use oxcarts."

The crowning achievements in Kandal are the recent opening of a small, whitewashed room where defendants can speak with a public defender and the inauguration, scheduled for next week, of the country's first arraignment court, where a defendant can hear the charges against him, be advised of his rights and enter his plea. Along with the other courthouse improvements, these were financed by the United Nations Development Program.

"The arraignment court is a landmark," Mr. James said. "That is something that has not seen the light of day in Cambodia."

The court's Chief Judge, Hy Sophea, hopes it will help him make his name as a judicial innovator. "If it is successful here, I will take it around the country and spread it through all the provinces," he said.

None of Cambodia's 70 judges have sophisticated legal training, although a dozen or so have studied abroad in places like Vietnam, East Germany, Ukraine and Kazakstan.

Threats and bribery are part of their working conditions, even under the new Government. One person who works with the legal system here, who spoke on condition of anonymity, said only the poor received a semblance of justice, for better or for worse. The rich routinely buy their freedom.

And officials said one of two female inmates at Kandal Prison, Nom Saroeun, 19, who was convicted of selling a girl into prostitution, was due to be released soon by judicial officials, not on legal grounds but on the basis of her ethereal beauty.

The prison warden, Moung Somath, is another of Ms. Tse's converts. To his surprise, he said, his prisoners became easier to handle when she persuaded him to permit them some exercise, reading matter and a better diet.

He has agreed to let more light into the cells, to erect screens to keep out the rain and to plant a large vegetable garden that prisoners are allowed to tend.

But conditions remain primitive and, like the police force and the court system, the prison struggles with a lack of equipment. Mr. Moung Somath said his greatest needs were a new roof for one of the three crumbling cellblocks and a vehicle to transport prisoners to court. "It is humiliating to them when we have to take them to court handcuffed on the back of a motorcycle," he said.

It is with small details like this that people like Ms. Tse hope to plant the seeds of a working justice system. "We started off talking about the standard police interview," she said. "Nothing out of the ordinary. Just three basic steps: introduce everybody in the room by name and rank, tell the prisoner why he is there, read him his rights."

This may seem overly simple, she said, but it may be having some effect.

"It's a lot harder to beat people once you've told them they have the right not to be tortured," she said.

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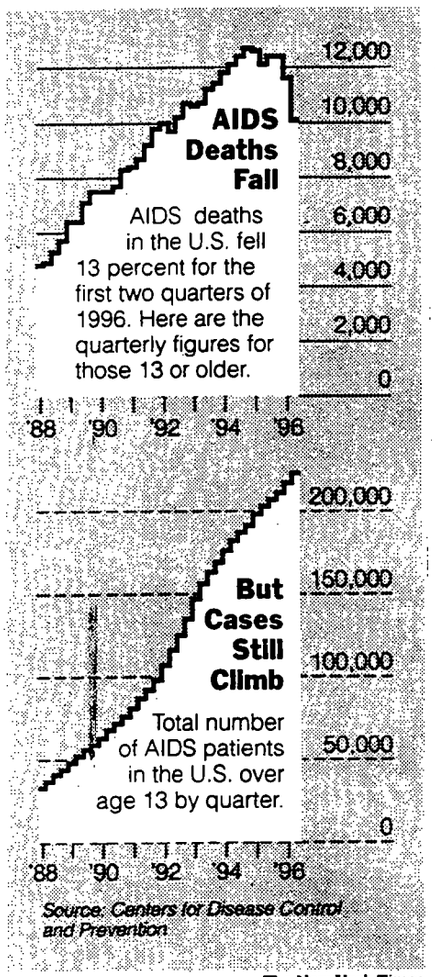

The New York Times

U.S. Reporting Sharp Decrease In AIDS Deaths

By LAWRENCE K. ALTMAN

WASHINGTON, Feb. 27 — For the first time since the AIDS epidemic began in 1981, the number of deaths from the disease has dropped "substantially" across the country, Federal health officials said today.

The overall decline was about 12 percent — to 22,000 in the first six months of 1996 from 24,900 in the same period of 1995 — in all regions of the country, the Centers for Disease Control and Prevention said in its weekly report. The rate of decrease in AIDS deaths was 16 percent in the West, 15 percent in the Northeast, 11 percent in the Midwest, and 8 percent in the South, the Federal health agency said.

President Clinton said he was encouraged by the news but added, "It is also clear that the AIDS epidemic is not over."

The national decline in AIDS deaths confirms the trend that New York City health officials reported last month in announcing that their figures for all of 1996 showed the first documented drop in AIDS deaths anywhere in the country — while the number of AIDS cases nationwide is rising. Today's report refuted some experts who suggested that the improvement in New York City was an isolated phenomenon or was due to incomplete reporting or a statistical quirk.

The national decline was less than the 30 percent drop reported in New York City, but Federal officials said the national rate paralleled and supported the data from New York City.

One notable difference between the New York City and national figures is that, for unknown reasons, deaths from AIDS for women rose 3 percent in the national data while AIDS deaths of women in New York

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City dropped 24.5 percent.

Officials at the Federal health agency, in Atlanta, like those at the New York City Health Department, said the drop in deaths was probably due in large part to the success of drug therapies introduced over recent years to fight H.I.V., the virus that causes AIDS, and the many potentially fatal complications of AIDS through opportunistic infections.

Combinations of the drug therapies showed improved benefits before the advent of a widely publicized class of drugs known as protease inhibitors. Other factors contributing to the decline in AIDS deaths may be better access to care and increased financing for AIDS treatment.

The Gay Men's Health Crisis, the AIDS service organization in New York City, said the decline was "extraordinarily good news and a sign of significant progress in the fight against AIDS."

Dr. John W. Ward, an AIDS expert at Federal agency, offered this assessment in an interview: "The decline in deaths leaves more people living with AIDS and H.I.V. infection. We do not want to be a wet blanket here, but we still need programs that assure good access to treatment and care for infected people."

When the New York City figures were reported last month, Federal health officials said it was unclear whether the decline was occurring elsewhere in the nation, since full statistics had not yet been compiled for 1996. The New York City trend continues into 1997, Dr. Mary Ann Chiasson, a New York City health official, said in an interview.

The national figures were limited to the first six months of 1996 because most cities and states lag far behind New York City in collecting and correlating the relevant health data. New York City detected the drop in AIDS deaths sooner because its Health Department processes death certificate information instead of forwarding it to the state, a procedure followed by virtually all other cities, Dr. Chiasson said.

The number of people living with AIDS or any other disease reflects the rate at which new infections occur and how long people live. So in areas where the incidence of H.I.V. infection and AIDS is rising, death rates from the disease may not change as significantly, even if there is an improvement in survival for those people with AIDS.

The incidence of AIDS in New

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York City has been stable for about five years. So the effect of survival on death rates may be more pronounced in New York City than in areas where the number of AIDS cases is increasing, like Louisiana and South Carolina, said Dr. Ward, the Federal AIDS expert.

When the national figures for all of 1996 are reported in about six months, the difference between the decline in New York City and elsewhere may narrow, Dr. Ward said. But there still may be significant variations in death rates among the regions due to such factors as access to care, he said.

In New York City, the drop in deaths from AIDS occurred in all ethnic groups and in both sexes.

Nationally, the number of AIDS deaths declined for all racial and ethnic groups (non-Hispanic whites 21 percent; non-Hispanic blacks 2 percent; Hispanic patients 10 percent; Asians and Pacific Islanders 6 percent; American Indians and Alaskan Natives 32 percent). Among men, the number of deaths dropped 15 percent, but the number rose 3 percent among women.

Women now account for a record 20 percent of AIDS cases nationally. The Federal agency's report said the incidence of people with AIDS who acquired the disease heterosexually was increasing — "primarily reflecting transmission from the large population of injecting drug users with H.I.V. or AIDS to their heterosexual partners."

The lack of a drop in AIDS deaths among those infected heterosexually probably reflects, in part, differences in access to treatment that can vary by sex, race, ethnicity and region, the report said.

Federal data confirm a reported drop in deaths from AIDS in New York City.

Federal officials attributed the overall drop in deaths in part to the benefits of combinations of anti-H.I.V. drugs used over recent years. The officials said the death rate might drop further as more people gained access to the costly three protease inhibitor drugs that the Food and Drug Administration approved for marketing in the United States in late 1995.

Protease inhibitor drugs are unlikely to have had a major effect on AIDS deaths in New York City because relatively small numbers of people would have been taking them early in 1996, said Dr. Chiasson, the New York City official.

The manufacturers of two protease inhibitor drugs, Abbott Laboratories and Roche Laboratories, declined to disclose the number of users of their drugs in clinical trials or after marketing.

The third manufacturer, Merck, said that about 650 people in New York state received its protease inhibitor, Crixivan, before marketing and that about 12,000 received it in 1996, most of them since July of that year. Nationally, about 4,000 patients took Crixivan in clinical trials before it was marketed in late March 1996, and 75,000 people since then, most of them since July 1996, Merck said.

The Centers for Disease Control is now conducting surveys of health care providers to determine how often they prescribed protease inhibitors last year.

Dr. Chiasson said that the Health Department in New York City planned to conduct additional studies to try to determine more precisely why AIDS deaths declined there. One study will focus on data about drugs provided to AIDS patients by Medicaid and the federally financed AIDS Drug Assistance Program.

The New York City Health Department hopes to find financing to pay for a study in which epidemiologists will examine patients' medical records. In what is known as a case control study, health workers will compare the therapies given to those who survived and those who died.

The increased number of infected but relatively healthy people — and the need to understand exactly who is getting infected, who is surviving and why they are surviving — will affect the recurring question of how to keep track of the AIDS epidemic. Current surveillance largely concentrates on people who are very sick, not on everyone who is H.I.V. positive. But with improved drug therapies and lower death rates, there is a more compelling public health need to expand surveillance of the epidemic to track H.I.V. infections as well as disease, Federal health officials said.

Each state decides which diseases to report to Federal officials. In 1991, the Council of State and Territorial Epidemiologists, a group that influences the choice of diseases that are reported, recommended that all states consider monitoring for both H.I.V. infection and AIDS. All states now report AIDS cases, 26 states report H.I.V. infections in adults and children and 3 report H.I.V. infection only in children. New York State does not report H.I.V. infections.

With drug therapies relatively ineffective in stemming H.I.V. until recently, keeping track of AIDS was roughly the same as keeping track of infection with H.I.V. Most infected people tended to progress to the disease, AIDS, in a fairly consistent way wherever they received care.

Dr. Ward and other experts said deaths from AIDS would probably increasingly be attributed to either failed treatment or delayed access in treatment. So broader surveillance would help public health officials get a better handle on the H.I.V. epidemic. The data would provide a more accurate estimate of how many people have reported H.I.V. infections in a particular area.

The current monitoring system does not make it a priority to collect information on who gets various drug therapies and the results of those therapies.

In the past, wider reporting on H.I.V. infections has been opposed because of concern about confidentiality among those whose names would be given to the health authorities. Many health officials have said H.I.V. reporting deters people from being tested.

Michael T. Isbell, an official of the Gay Men's Health Crisis, said he shared the Federal health agency's view that data about AIDS cases was becoming less meaningful but disagreed that reporting H.I.V. infections was the solution.

In a study in eight states about attitudes in seeking or delaying testing, the Federal health agency has been interviewing people at high risk for AIDS and those who are infected. A primary component of the study is whether their decision would be influenced if H.I.V. infections were reported to state and Federal officials. Epidemiologists are now analyzing the data collected through 1996 and expect to report the findings later this year, said Dr. Ward, the Federal AIDS expert.

The New York Times
FRIDAY, FEBRUARY 28, 1997

Clint vites party leaders to Oval Office as government shutdown nears By Robert Dodge Dallas Morning News

WASHINGTON President Clinton on Sunday invited Republican and Democratic leaders to a Monday meeting at the White House in yet another attempt to avert a government shutdown.

``The president believes that we must work together to balance the budget consistent with our values and free from threats of shutting down the government or sending the nation into default for the first time in our history," White House Press Secretary Mike McCurry said in a prepared statement.

There was no word whether Republican leaders would accept the invitation. On Friday, Clinton declined when the GOP asked him to come to Capitol Hill.

Both sides could suffer politically if the public becomes unhappy with the increasingly bitter rhetoric and a disruption in government operations.

``It's hard to tell how people in the country will view it," said Andrew Busch, a political scientist at the University of Denver. ``The one thing that's most likely is that people will consider this just more evidence of political `Mickey Mousing' around in Washington."

The White House and GOP leadership have been negotiating over two issues: a continuing resolution to fund the government and a measure to raise the government's borrowing limit.

GOP leaders on Capitol Hill have been working to resolve differences in the House and Senate versions of the budget. The massive seven-year plan would balance the budget, cut taxes and trim $450 billion from future Medicare and Medicaid spending.

Republican leaders were hopeful House and Senate negotiators could finish their work by Monday so there would be enough time for both chambers to approve a final version this week before sending it to the president.

But without a last-minute accord, the president was poised to veto both measures needed to keep the government operating. If vetoed, the government faces a shutdown at midnight Monday and a financial crisis later in the week.

Clinton objects to the debt-ceiling increase measure because it contains provisions that would make it difficult for the treasury to handle with future crises and harder to appeal death sentences, and would weaken government regulations.

Early on Sunday, Republican leaders offered to craft a new bill without the provisions if the president agreed to a seven-year time-from for balancing the budget. The White House rejected it. Then House Speaker Newt Gingrich of Georgia sent a bill to the White House that would increase the government's legal borrowing limit.

The offer failed to break the budget impasse, as GOP leaders and the White House exchanged another round of charged rhetoric on the Sunday morning talk shows.

``He could end it in 30 seconds," Senate Majority Bob Dole of Kansas said on ABC's ``This Week With David Brinkley." ``If the president would agree to a balanced budget within seven years, which isn't very difficult, then we could make very good progress."

But White House Chief of Staff Leon Panetta said Republicans were recycling an offer already deemed unacceptable. He said Republicans want the president to accept congressional economic assumptions, which would require deeper spending cuts to balance the budget.

``There is nothing new here," Panetta told reporters after appearing on CBS's ``Face the Nation." ``This is the Republicans against the American people."

Gingrich said Clinton would have a tough time getting another debt ceiling increase out of the House.

``If he is refusing to talk about signing the kind of bill that a vast majority of members of the House believe they were elected to pass, I do not see how he is going to convince anyone up here to give him a blank check or an open credit card without any kind of discipline," Gingrich said.

Without an increase in the government's legal borrowing authority, Treasury Secretary Robert Rubin said he will have to take extraordinary steps to meet a $25 billion interest payment on the debt due Wednesday.

The measure approved Friday would increase the $4.9 trillion debt limit by $67 billion, enough to get the government through to Dec. 12. But it contains provisions that would prohibit treasury from borrowing from the government's trust funds when the extension expired in December.

Chances to find a temporary accommodation and avert a government shutdown appeared unlikely as the White House and Democrats exchanged bitter accusations. Even as they launched another round, some leaders expressed their own misgivings about the deteriorating level of dialogue.

Gingrich said the language of debate had become frightening, especially following the assassination of Israeli Prime Minister Yitzhak Rabin.

``This is the kind of vilification that is scary, and I can tell you talking to the Israelis on Monday, it is frightening," Gingrich said on NBC's ``Meet the Press."

Gingrich was referring to remarks last week by Panetta in which he compared the GOP's strategy as putting ``a gun to the head of the president," and saying, ``That's a form of terrorism. We are not going to accept that."

In comments Sunday, Panetta admitted he sometimes uses strong language, but attributed it jokingly to his Italian heritage.

``The time has come to lower our voices, to roll up our sleeves and first and foremost to avoid this crisis," he said.

If negotiations fail, most vital government functions will continue. For instance, the National Zoo in Washington will be closed, but the animals will be fed. New applications for Social Security, Medicare and veterans benefits will not be accepted. But benefit checks will continue to be mailed.

The government also will continue printing money, forecasting the weather and tracking the Space Shuttle if it is launched. Tourists may find the national museums closed, but guards will be on duty to protect artifacts and works of art.

Experts said a long-term shutdown could begin to hurt the economy. But they note that while there have been nine similar shutdowns since 1981, the longest was in 1990 over a three-day holiday weekend.

``If you want to go to a national park or visit the Smithsonian, you'll be inconvenienced," said Robert Reischauer, former director of the Congressional Budget Office. ``But most of what the federal government does can't be seen on a day-to-day basis."

Experts said the bigger risk is political. But in a volatile situation where the government partially shuts down and the treasury is threatened with default, it is hard to know who the public will blame.

``It may backfire," said Susan Tanaka, a vice president at the Center for a Responsible Federal Budget, a bipartisan group that advocates a balance budget. ``It could become a symbol that the government doesn't work, that there's gridlock in Washington."

The government will run out of money at midnight Monday if the president also vetoes a so-called continuing resolution, which is expected to be approved by the Senate on Monday. The resolution authorizes the government to spend money on its discretionary programs.

The stopgap spending measure is needed to replace a similar resolution that expires Monday and was put in place when the 1996 fiscal year began Oct. 1. Both resolutions are necessary because Congress has failed to approve and get the president to sign 11 of 13 separate appropriations bills.

Clinton has promised to veto the latest resolution because it contains a provision that would effectively raise Medicare Part B premiums.

Without a new spending resolution, about 800,000 government workers will be furloughed. But officials said all federal employees should show up at work Tuesday morning to find out whether they will be asked to stay on the job or sent home.

About 1.2 million government workers will remain on the job to maintain vital services, such as law enforcement, border patrol, health care and food inspections. About 1.6 million uniformed military personnel also would remain at their posts.

Employees who continue to work would accrue wages, but would not be paid until the government shutdown ends. There is no requirement to pay employees furloughed, although congressional leaders have promised to pay lost wages as they have during other shutdowns.

Juv iles Make Up O e-Fourth Weapons Arrests, Study Finds By Gaylord Shaw= (c) 1995, Newsday=

WASHINGTON A new Justice Department study shows nearly one-fourth of the 262,300 people arrested for weapons offenses in 1993 were under the age of 18, another indicator of the explosive growth in the rate of juvenile crime in America.

The study, released Sunday, reported an increase of more than 100 percent in the number of juvenile arrests for weapons offenses in an eight-year period, from just under 30,000 in 1985 to more than 61,000 in 1993. The statistics come as government officials, politicians, police organizations and academics debate ways to combat worsening trends in juvenile crime.

Attorney General Janet Reno last week announced that $8 million in grants would go to six communities, from Boston to Seattle, to test new approaches to combat juvenile crime under a program known as ``SafeFutures."

``We have to do more," Reno said, because ``if last decade's trends continue unchecked, juvenile arrests for violent crime will double by the year 2010."

Two days earlier, Senate Majority Leader Bob Dole of Kansas, front-runner in the race for the Republican presidential nomination, criticized the Clinton administration's response to the rise in violent youth crime and said, ``Unless we make far-reaching changes now, our country could face the largest crime wave in history."

Reno and Dole seemed to be in agreement that repeat juvenile offenders should face stiffer punishments.

As a state prosecutor in Miami, Reno said, she found instances where it was ``absolutely imperative" that juveniles be tried as adults. ``The juvenile justice system was simply not meant for 16- and 17-year-old thugs who robbed repeatedly," she said.

The new Justice Department report on weapons arrests showed the rate for minors increased between 1985 and 1993 at three times the rate of increase for adults, 100 percent for minors, 33 percent for adults. And the figures don't reflect a federal law enacted in 1994 prohibiting the possession of handguns by anyone under age 18.

The new president of the police chiefs organization, David Wolchak of Concord, N.H., has urged that a national summit of local, state and federal law-enforcement officials be held early next year to consider ways to curb youth violence. ``We're very concerned about it," Rosenblatt said of the trends. ``There's a combination of elements that paints a very frightening picture for the future."

Doctors May Discri inate Against AIDS-Stricl Babies, Study Shows By Thomas Maier= (c) 1995, Newsday=

Babies with the AIDS virus may suffer discrimination from doctors once their status is known and may be less likely to get life-saving surgery and medical treatment than other children, a new study shows.

The nationwide survey of 951 neonatologists also casts a new light on the ongoing debate about whether AIDS testing on babies should remain anonymous.

Researchers asked the doctors how they would treat HIV-positive or negative newborns in various scenarios. The results, appearing in this month's American Journal of Public Health, show newborns with the AIDS virus would have 50 percent less chance of receiving cardiac surgery than other children with the same severe heart problems. HIV-positive infants would also be far less likely to receive costly dialysis.

And in a given hypothetical case, 85 percent of the doctors said they would resuscitate HIV-negative newborns, but only 22 percent said they would provide the lifesaving treatment for infants known to have the AIDS virus.

The views of the doctors ``raise the possibility that infants labeled as HIV positive, whether infected or not, may suffer discrimination with fewer and less aggressive treatments," the study said. The study's authors say this apparent disparity in medical care for children with the AIDS virus also raises some new concerns about identifying children.

``This shows there may be real risks to the baby's well-being if the status is well-known," said Betty Wolder Levin, a researcher at Brooklyn College and co-author of the study. She stressed that doctors must be better educated about the long-term chances for AIDS-infected babies, some of whom can live for 10 years or more.

``A lot of doctors think that these children won't have a good quality of life, and a lot of them are misinformed," she said.

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
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FACSIMILE COVER SHEET

TO: Jennifer Klein

FAX NUMBER:

FROM: Jeff Levi

DATE: October 19, 1995

PAGES INCLUDING COVER SHEET: 2

COMMENTS:

[illegible] ision by France's A ce Francaise du Medicament--an agency similar to the U.S. Food and Drug Administration that had been asked by Glaxo to help manage 3TC distribution--that the drug would only be available to patients with between 50 and 200 CD4 cells per mm.

"Prenatal AZT Is Protective Across All Maternal CD4 Counts"
AIDS Clinical Care (10/95) Vol. 7, No. 10, P. 87

To determine the efficacy of antenatal zidovudine in reducing perinatal transmission of HIV-1, Matheson et al. examined data from more than 300 HIV-infected New York women who participated in a prospective study of vertical HIV transmission. Of these w n, 44 were prescribed oral AZT and 277 were not. Intravenous AZT was not used during labor, nor did any of the infants receive the drug. After adjustment for CD4 levels, the AZT group was about 36 percent less likely than the control group to infect their babies with HIV. The absolute HIV transmission rates among wc n with fewer than 200 CD4 cells were 23 percent in the AZT group, compared to 42 percent without it. Despite the fact that the study was observational and nonrandomized, the results further promote the beneficial effects of AZT therapy for HIV-infected pregnant women, the authors conclude.

"Informed Pregnant Women Opt for HIV Test"
POZ (10/95-11/95) No. 10, P. 20

An international survey conducted by Kaiser Permanente reinforces the Centers for Disease Control and Prevention's recommendation that physicians should encourage their pregnant patients to be tested for HIV. One half of the more than 32,400 pregnant women counseled by the health maintenance organization's doctors in 1994 to get HIV tests voluntarily agreed to do so. However, the number jumped to 90 percent in the Kaiser facilities that focused on educating women about benefits of testing. "If you have an organized system and are willing to put in the effort to convince mothers that HIV testing will benefit the baby, an overwhelming number will go along," commented Edgar Schoen, the company's director of perinatal screening in Northern California.

"W at a Sexually Transmitted Disease Clinic Who Reported Same-Sex Contact: Their HIV Seroprevalence and Risk Behaviors"
American Journal of Public Health (10/95) Vol. 85, No. 10, P. 1366; Bevier, Pamela Jean; Chiasson, Mary Ann; Heffernan, Richard T.; et al.

Bevier et al. compared the characteristics, attitudes, and HIV-infection status of women at a New York City sexually tran itted disease clinic who reported same-sex contact with those who were exclusively heterosexual. Of the 9 percent who reported having same-sex contact, more than 90 percent said they also had contact with men. Overall, the women who had same-sex contact were more likely than the women who only had sex with men to be HIV seropositive, to trade sex for money or drugs, to use intravenous drugs, and to use crack cocaine. HIV infection in these same women was generally associated with a history of syphilis, exchanging sex for crack, and injection drug use. The researchers concluded that women reporting same-sex contact had greater HIV risk behaviors and were thus more likely to be seropositive for HIV than exclusively heterosexual women, although there were no instances of female-to-female HIV transmission.

"Satisfaction with Home Healthcare Services for Clients with HIV: Preliminary Findings"
Journal of the Association of Nurses in AIDS Care (09/95-10/95) Vol. 6, No. 5, P. 20; Foley, Mary E.; Fahs, Marianne C.; Eisenhandler, Jon; et al.

Five years ago, the Visiting Nurse Service of New York and Empire Blue Cross and Blue Shield (EBCBS) started a cooperative program of quality home care for HIV/AIDS patients, called the "At Home Options Program," or AHOP. Foley et al. report their findings of a client satisfaction survey of this unique program, which att pts to enhance the quality of care provided to HIV-infected EBCBS patients, reduce the inpatient admission rate with home care and other suitable services, cut the length of stay for inpatients, and decrease the overall cost of treatment through l g-term management. AHOP's available rvi s include a

To: Jennifer Klein

From: Jeff Levi

Re: Draft letter to the editor, Wash. Post

Pages: 4 including cover

Attached is a draft response to today's Post editorial. It has approval from CDC, PHS, and ONAP.

Call me if you have concerns.

1 800 SKY-PAGE, ex. 237-9161.

Thanks.

Ms. Meg Greenfield
Editorial Page Editor
The Washington Post
Address
Washington, DC zip

Dear Ms. Greenfield:

Your July 11 editorial, "AIDS Tests for All Pregnant Women," correctly notes that the Public Health Service has urged physicians to routinely counsel all pregnant women about the benefits of HIV testing early in pregnancy. But it includes a number of misleading statements, not the least of which is the assumption that giving children AZT after birth has been proven to prevent HIV infection.

After HIV counseling and testing early in pregnancy, women who are HIV-positive can then make informed decisions about taking AZT during pregnancy, labor, and childbirth and giving it to their infants for six weeks after birth. Combined, testing and treatment--but not testing alone--can reduce the risk of mother-to-child HIV transmission by as much as 67 percent. This approach has been embraced by medical and public health professionals, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Pediatric AIDS Foundation.

This comprehensive "continuum of care" approach is already at work in several of our major cities. In fact, in Atlanta, Georgia, Grady Memorial Hospital 95 percent of pregnant women accept HIV testing after counseling, and 95 percent of women who are HIV-positive choose to take AZT after discussing the risks and benefits with their health care providers. Similar results have been shown in places like Miami, Los Angeles, Chicago, and New York City.

Women clearly want to do the best thing for themselves and their babies. The right information at the right time enables them to do so. The key to any successful effort to prevent maternal-child HIV transmission is making sure women have access to prenatal care and support services. But a significant number of women do not receive adequate prenatal care. That's why the Public Health Service guidelines urge voluntary HIV testing at birth of babies born to those women whose HIV status is unknown. Unfortunately, testing at birth won't prevent the vast majority of HIV transmissions to babies. But it can help already infected babies get the care they need to keep them as healthy as possible.

In combination, these steps will provide the greatest level of protection for infants. Focusing primarily on newborns rather than on ensuring that pregnant women are in prenatal care--when there is still the opportunity to prevent HIV infection--is directing our efforts where they can't and won't do the most good.

Sincerely,

Philip R. Lee, M.D.

Assistant Secretary for Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR LEGISLATION
OFFICE OF HEALTH LEGISLATION

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PAGES: 5 (INCLUDING COVER)

REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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JUL 12 1995

Ms. Meg Greenfield
Editorial Page Editor
The Washington Post
1150 15th St., N.W.
Washington, D.C. 20071

Dear Ms. Greenfield:

Your July 11 editorial, "AIDS Tests for All Pregnant Women," correctly notes that the Public Health Service has urged physicians to routinely counsel all pregnant women about the benefits of HIV testing early in pregnancy. But it includes a number of misleading statements, not the least of which is the assumption that giving children AZT after birth has been proven to prevent HIV infection.

After HIV counseling and testing early in pregnancy, women who are HIV-positive can then make informed decisions about taking AZT during pregnancy, labor, and childbirth and giving it to their infants for six weeks after birth. Combined, testing and treatment--but not testing alone--can reduce the risk of mother-to-child HIV transmission by as much as 67 percent. This approach has been embraced by medical and public health professionals, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Pediatric AIDS Foundation.

This comprehensive "continuum of care" approach is already at work in several of our major cities. In fact, in Atlanta, Georgia, Grady Memorial Hospital, 95 percent of women who are HIV-positive choose to take AZT after discussing the risks and benefits with their health care providers. Similar results have been shown in places like Miami, Los Angeles, Chicago, and New York City.

Women clearly want to do the best thing for themselves and their babies. The right information at the right time enables them to do so. The key to any successful effort to prevent maternal-child HIV transmission is making sure women have access to prenatal care and support services. But a significant number of women do not receive adequate prenatal care. That is why we need programs in place to assure that women have access to testing and treatment prenatally or at delivery. Unfortunately, testing after delivery won't prevent the vast majority of HIV transmissions to babies.

Focusing primarily on newborns rather than on ensuring the pregnant women are in prenatal care--when there is still the opportunity to prevent HIV infection--is directing our efforts where they can't and won't do the most good. But in combination, these steps will provide the greatest level of protection for women and infants.

Sincerely yours,

Philip R. Lee, M.D.
Assistant Secretary for Health

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July 12, 1995

The Honorable John Dingell
2328 Rayburn House Office Building
Washington, D.C. 20515-2216

Dear Mr. Dingell:

You inquired about a recent editorial in the Washington Post asserting that "there is good reason to assume" that HIV transmission to an infant born to an HIV-infected mother could be prevented solely by AZT treatment of the infant. This statement is not supported by available data. In the clinical trial that established that the risk of mother-to-child HIV transmission could be reduced by two-thirds, AZT was administered in three phases:

1) to HIV-infected pregnant women beginning after the first trimester and continued throughout pregnancy;
2) during labor; and
3) to the newborn for the first 6 weeks of life.

No conclusion from this trial regarding the effectiveness of any of these components given alone may be reached.

Available scientific information suggests that as much as 30-50% of mother-to-child transmission occurs during pregnancy. An additional 50-70% of transmission appears to occur during passage through the birth canal. In order to prevent infection occurring during pregnancy or at delivery, levels of AZT capable of inhibiting viral replication must be present in the infant BEFORE birth.

During the process of labor and delivery a small number of HIV-infected maternal cells may enter the infant's circulation and persist for a limited period of time. Whether this exposure to HIV contributes to transmission is unknown. Theoretically, continued administration of AZT to the infant during the first few weeks of life could prevent a small fraction of cases; it was for this reason that continued AZT treatment following birth was added to clinical trial regimen. However, there is data from animal studies that post-exposure prophylaxis alone is probably ineffective in preventing HIV transmission, and may only suppress rather than eliminate virus. Therefore, it is very unlikely that administration of AZT solely to the infant after birth would substantially reduce the risk of mother-to-child transmission.

The best way to prevent mother-to-child transmission is to prevent HIV infection in women. For a woman already infected, the use of the full AZT regimen is the only proven method capable of reducing perinatal transmission. To imply that identification and subsequent treatment of HIV-exposed infants following birth would be an effective way to reduce transmission is misleading and potentially harmful.

Yours sincerely,

William E. Paul

CC: Jennifer Klein

THE WASHINGTON POST
FRIDAY, JULY 7, 1995

THE PRESIDENT HAS SEEN
7/8/95

AIDS Virus Test Urged for All Pregnancies

A1 By John Schwartz
Washington Post Staff Writer

All pregnant women should be offered a test to see if they are infected with the virus that causes AIDS, the federal Public Health Service recommends in new guidelines published today.

The guidelines, released by the Centers for Disease Control and Prevention (CDC), call for routine prenatal counseling about the human immunodeficiency virus (HIV) and voluntary testing for the 4 million American women who become pregnant each year.

The Public Health Service developed the guidelines after recent studies showed that treatment of HIV-infected pregnant women with the drug AZT sharply reduced the transmission of the virus to their babies—a finding that CDC Director David Satcher called "an unprecedented breakthrough in HIV prevention" in a statement yesterday. The findings were published late last year in the New England Journal of Medicine.

"We believe this should really be the standard of care for pregnant women in the United States," said James Curran, director of HIV/AIDS prevention for the CDC. "This should be a routine part of prenatal care."

The CDC is encouraging insurers and the federal Medicaid program to cover the cost of the tests.

The new recommendations mark a shift in policy for the Public Health Service, which had previously recommended testing for women at high risk of infection, such as intravenous drug users and prostitutes.

Last year's study found that HIV-infected pregnant women who take AZT (also known as zidovudine) can reduce the chances of transmitting the virus to their babies by approximately two-thirds, from about 25 percent to about 8 percent. For best results, the therapy should begin by the 14th week of pregnancy and continue through labor and delivery; the drug should also be administered to the infant for the first six weeks of life.

The CDC estimates that as many as 2,000 HIV-infected babies are born

See HIV, A8, Col. 1

HIV, From A1

each year in the United States, and that 7,000 HIV-infected American women give birth each year.

Through December 1994, the CDC had reported 58,428 cases of AIDS among adult and adolescent women, and the numbers are rising faster among women than men. Women made up only 7 percent of all AIDS cases in 1985 but accounted for 18 percent of all cases by 1994. AIDS is the fourth-leading cause of death among women between the ages of 25 and 44.

According to CDC figures, African American and Hispanic women account for 75 percent of all AIDS cases reported among American women, although they make up only 21 percent of the population of American women.

The guidelines also suggest that women who do not receive prenatal care should be offered HIV testing for themselves or their babies after birth. The long-term effects of AZT therapy on mothers and children are not yet known; the CDC said it is continuing to monitor patients for long-term side effects, but stressed that "a woman should make a personal decision about taking AZT only after she discusses the benefits and potential risks for herself and her child with her health care provider."

The CDC announcement comes at a time when a multimillion-dollar government program that provides testing and treatment for poor HIV-infected people is up for renewal in Congress. Reauthorization of the Ryan White Care Act of 1990, a five-year program funding AIDS treatment, is working its way through the legislative process. A coalition that includes some AIDS organizations and religious groups is pushing to have the legislation include mandatory HIV testing of all newborn babies. Without reauthorization, the program will be abolished in September.

"There is massive bipartisan support for reauthorizing Ryan White," said Mike Collins, spokesman for the House Commerce Committee, which is currently considering the bill.

For several years, the CDC has tested a national sample of newborn infants for HIV. A positive test measures antibodies to the virus in a baby's blood and is evidence that the mother is infected—but not necessarily the baby. The testing was conducted solely to track the progress of the disease within the population and was performed anonymously. In May, the Department of Health and Human Services announced that it would discontinue the blind testing program.

The new recommendations call for women's test results to be kept confidential unless state law prohibits it. Studies have shown that most women who have received HIV counseling choose to be tested for the disease; in one inner-city Atlanta hospital, 96 percent of pregnant women who received counseling asked to be tested.

A prominent AIDS activist said that the new proposals don't go far enough. Shepherd Smith, president of Americans for a Sound AIDS/HIV Policy, said that the CDC "got it backwards" and argued that testing should be mandatory.

The recommendations are being published in today's Morbidity and Mortality Weekly Report. Such recommendations are generally influential in setting the standard for medical practice in the United States.

Claro
This looks good—
BC